

Public Hearing

MEMORANDUM

November 25, 2009

TO: County Council

FROM: Amanda Mihill, Legislative Analyst *A. Mihill*

SUBJECT: **Public Hearing:** Resolution to adopt Board of Health regulation requiring a disclaimer for certain pregnancy resource centers

A resolution to adopt a Board of Health regulation requiring a disclaimer for certain pregnancy resource centers, sponsored by Councilmembers Trachtenberg, Ervin, Navarro, Floreen, Elrich, Leventhal, and Berliner, was introduced on November 10, 2009. A Health and Human Services Committee worksession is tentatively scheduled for December 10.

This Board of Health regulation would require a limited service pregnancy resource center to provide a client or potential client with a disclaimer that the information the center provides is not intended to be medical advice or to establish a doctor-patient relationship, and that the client should consult with a health care provider before proceeding on a course of action regarding the client's pregnancy. A limited service pregnancy resource center would be defined as a center that:

- has a primary purpose to provide pregnancy-related services that do not constitute the practice of medicine;
- provides information about pregnancy-related services, for a fee or as a free service; and
- does not provide or refer clients for abortions or nondirective and comprehensive contraceptive services.

The regulation would take effect on the date the Council adopts it.

In July 2006, the U.S. House of Representatives Committee on Government Reform – Minority Staff Special Investigations Division issued a report entitled *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers* (©4-21). This report found that approximately 87% of federally funded pregnancy resource centers provided false and misleading information to clients about the health effects of abortion, including information about a link between abortion and breast cancer, the effect of abortion on future fertility, and the mental health effects of abortion.

In January 2008, NARAL Pro-Choice Maryland Fund issued a report entitled *The Truth Revealed: Maryland Crisis Pregnancy Center Investigations* (©22-30). According to this

report, NARAL Pro-Choice Maryland Fund staff members visited pregnancy resource centers in 11 counties, including Montgomery County, and found that every center they visited provided false or misleading information, including “false information about abortion risks, misleading data on birth control, and emotionally manipulative counseling.”

The General Assembly considered, but did not enact, similar legislation during the 2008 session. Baltimore City is currently considering similar legislation (©31-32).

This packet contains:

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Resolution No.: _____
Introduced: _____
Adopted: _____

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND
SITTING AS THE MONTGOMERY COUNTY BOARD OF HEALTH

By: Councilmembers Trachtenberg, Ervin, Navarro, Floreen, Elrich, Leventhal, and Berliner

Subject: **Board of Health Regulation requiring a disclaimer for certain pregnancy resource centers.**

Background

1. County Code §2-65, as amended effective August 10, 2000, provides that the County Council is, and may act as, the County Board of Health, and in that capacity may adopt any regulation which a local Board of Health is authorized to adopt under state law.
2. Maryland Code Health-General Article §3-202(d) authorizes the County Board of Health to adopt rules and regulations regarding any nuisance or cause of disease in the County.
3. On {date} the County Council held a public hearing on this regulation. As required by law, each municipality in the County and the public were properly notified of this hearing.
4. The County Council, sitting as the Board of Health, finds after hearing the testimony and other evidence in the record of the public hearing that requiring a disclaimer for certain pregnancy resource centers is necessary to protect the health of County residents.

Action

The County Council for Montgomery County, Maryland, sitting as the County Board of Health, approves the following regulation:

Required Disclaimers for Certain Pregnancy Resource Centers

(a) **Definitions.**

- (1) *“Client”* means a client or potential client.
- (2) *“Limited Service Pregnancy Resource Center”* means an organization or center that:
 - (A) has a primary purpose to provide pregnancy-related services that do not constitute the practice of medicine;
 - (B) provides information about pregnancy-related services, for a fee or as a free service; and
 - (C) does not provide or refer clients for:
 - (i) abortions; or
 - (ii) nondirective and comprehensive contraceptive services.

(b) **Disclaimer required.**

- (1) A limited service pregnancy resource center must provide a client with the disclaimer required in Section (c):
 - (a) by the staff assisting the client;
 - (b) during the first communication or first contact with a client; and
 - (c) in a written statement or oral communication that the client reasonably understands.
- (2) Any written disclaimer must be provided in English and Spanish.

(c) **Contents of disclaimer.** The disclaimer must state that:

- (1) the information that the limited service pregnancy resource center provides is not intended to be medical advice or to establish a doctor-patient relationship; and
- (2) the client should consult with a health care provider before proceeding on a course of action regarding the client’s pregnancy.

(d) **Enforcement.**

- (1) Any violation of this regulation is a Class A civil violation. Each day a violation exists is a separate offense.
- (2) The County Attorney or any affected party may file an action in a court with jurisdiction to enjoin repeated violations of this regulation.

(3) The Department of Health and Human Services must investigate each complaint alleging a violation of this regulation and take appropriate action, including issuing a civil citation when compliance cannot be obtained otherwise.

(e) **Applicability.** This regulation applies Countywide.

(f) **Severability.** If the application of this regulation or any part of it to any facts or circumstances is held invalid, the rest of the regulation and its application to all other facts and circumstances is intended to remain in effect.

(g) **Effective Date.** This regulation takes effect on the date on which it is adopted.

This is a correct copy of Council action.

Linda M. Lauer, Clerk of the Council



UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM — MINORITY STAFF
SPECIAL INVESTIGATIONS DIVISION
JULY 2006

**FALSE AND MISLEADING HEALTH INFORMATION
PROVIDED BY FEDERALLY FUNDED
PREGNANCY RESOURCE CENTERS**

PREPARED FOR
REP. HENRY A. WAXMAN

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EXECUTIVE SUMMARY

In December 2004, Rep. Henry A. Waxman released a report analyzing the scientific accuracy of the curricula taught by federally funded abstinence-only education programs. That report found that the abstinence curricula often contained false or distorted information that misled teens about sex and reproductive health.

At the request of Rep. Waxman, this report examines the scientific accuracy of the information provided by another Bush Administration priority: federally funded "pregnancy resource centers." These organizations, which are also called "crisis pregnancy centers," provide counseling to pregnant teenagers and women. Since 2001, pregnancy resource centers have received over \$30 million in federal funding. Most of this money has come from federal programs for abstinence-only education. Additional funding has been distributed as "capacity-building" grants to 25 pregnancy resource centers in 15 states as part of the new \$150 million Compassion Capital Fund. Individual centers have also been the beneficiaries of earmarks in appropriations bills.

For this report, female investigators telephoned the 25 pregnancy resource centers that have received grants from the Compassion Capital Fund, requesting information and advice regarding an unintended pregnancy. Twenty-three of the centers were successfully contacted. In each call, the investigator posed as a pregnant 17-year-old trying to decide whether to have an abortion.

During the investigation, 20 of the 23 centers (87%) provided false or misleading information about the health effects of abortion. Often these federally funded centers grossly misrepresented the medical risks of abortion, telling the callers that having an abortion could increase the risk of

breast cancer, result in sterility, and lead to suicide and "post-abortion stress disorder."

Specifically, the report finds:

- **The centers provided false and misleading information about a link between abortion and breast cancer.** There is a medical consensus that induced abortion does not cause an increased risk of breast cancer. Despite this consensus, eight centers told the caller that having an abortion would in fact increase her risk. One center said that "all abortion causes an increased risk of breast cancer in later years." Another claimed that research shows a "far greater risk" of breast cancer after an abortion, telling the caller that an abortion would "affect the milk developing in her breasts" and that the risk of breast cancer increased by as much as 80% following an abortion.
- **The centers provided false and misleading information about the effect of abortion on future fertility.** Abortions in the first trimester, using the most common abortion procedure, do not pose an increased risk for future fertility. However, seven centers told the caller that having an abortion could hurt her chances of having children in the future. One center said that damage from abortion could lead to "many miscarriages" or to "permanent damage" so "you wouldn't be able to carry," telling the caller that this is "common" and happens "a lot." Another center said, "In the future you could have trouble conceiving another baby" because of scar tissue, a side effect of abortion that happens to "a lot of women."
- **The centers provided false and misleading information about the mental health effects of abortion.** Research shows that significant

psychological stress after an abortion is no more common than after birth. However, thirteen centers told the caller that the psychological effects of abortion are severe, long-lasting, and common. One center said that the suicide rate in the year after an abortion "goes up by seven times." Another center said that post-abortion stress suffered by women having abortions is "much like" that seen in soldiers returning from Vietnam and "is something that anyone who's had an abortion is sure to suffer from." Other centers said that abortion can cause "guilt, ... sexual problems, ... suicidal ideas, ... drug use, eating disorders," and "a downward spiral

where they lose friends and family members."

The individuals who contact federally funded pregnancy resource centers are often vulnerable teenagers, who are susceptible to being misled and need medically accurate information to help them make a fully informed decision. The vast majority of pregnancy resource centers contacted for this report, however, provided false or misleading information about the health risks of an abortion. This may advance the mission of the pregnancy resource centers, which are typically pro-life organizations dedicated to preventing abortion, but it is an inappropriate public health practice.

I. BACKGROUND

A. Pregnancy Resource Centers

"Pregnancy resource centers" are virtually always pro-life organizations whose goal is to persuade teenagers and women with unplanned pregnancies to choose motherhood or adoption. They do not offer abortions or referrals to abortion providers. In addition to initial counseling for pregnant teens and women, some centers may provide support services or referrals to prenatal care.

Many pregnancy resource centers, including all the centers contacted in this investigation, are affiliated with one or more national umbrella organizations. Two such networks are Heartbeat International and Care Net.¹ Heartbeat International describes itself as the "first pro-life network of pregnancy resource centers in the U.S. and the largest in the world, supporting, strengthening and starting nearly 1,000 pregnancy centers to provide alternatives to abortion."² Care Net describes itself as "a Christian ministry assisting and promoting the evangelistic, pro-life work of pregnancy centers in North America."³

Many pregnancy resource centers used to describe themselves as "crisis pregnancy centers." One organization explained the change in terminology as follows: "God's truth never varies, but new methods of communicating it continue to emerge, including a departure from the term 'crisis pregnancy' itself. Many centers now favor a more neutral, solution-oriented name, such as 'pregnancy resource center.'"⁴

Pregnancy resource centers often mask their pro-life mission in order to attract "abortion-vulnerable clients."⁵ This can take the form of advertising under "abortion services" in the yellow pages or obscuring the fact that the center does not provide referrals to abortions in the text of an advertisement.⁶ Some centers purchase advertising on internet

¹ Heartbeat International, *Worldwide Directory of Pregnancy Help* (online at www.heartbeatinternational.org/worldwide_directory.asp); Care Net, "Option Line" (online at www.care-net.org).

² Heartbeat International, *Pro-life Pregnancy Center Support* (online at: <http://www.heartbeatinternational.org/>).

³ Care Net, *Our Mission* (online at: <http://www.care-net.org/aboutus/mission.html>).

⁴ Focus on the Family, *What is a Pregnancy Resource Center?* (online at <http://web.archive.org/web/20040616173837/www.family.org/pregnancy/articles/A0030278.cfm>).

⁵ See Kurt Entsminger, *Building a Successful Internet Advertising Campaign for Your Pregnancy Center* (2006) (online at <http://www.care-net.org/publications/cot/internetadvertising.pdf>).

⁶ Deceptive advertising has been addressed in some court cases and state actions. For example, in 2002, the New York Attorney General issued subpoenas to several centers across the state regarding misleading advertising; a subsequent consent decree with one center required it to adhere to certain standards of disclosure and practice. Office of New York State Attorney General Eliot Spitzer, *Spitzer Reaches Agreement With Upstate Crisis Pregnancy Center* (Feb. 28, 2002) (online at www.oag.state.ny.us/press/2002/feb/feb28c_02.html).

search engines under keywords that include “abortion” or “abortion clinics.”⁷ Other advertisements represent that the center will provide pregnant teenagers and women with an understanding of all of their options. For example, “Option Line,” a joint venture of Heartbeat International and Care Net, is a 24-hour telephone hotline that connects pregnant teenagers and women with pregnancy resource centers in their communities. The main page of Option Line’s website states at the top, “Pregnant? Need Help? You Have Options,” but does not reveal that both Heartbeat International and Care Net represent only pro-life centers or that only non-abortion options will be counseled.⁸

B. Federal Funding of Pregnancy Resource Centers

President Bush has declared that supporting pregnancy resource centers is a central component of his Administration’s pro-life and faith-based agenda. In his acceptance speech at the 2000 Republican convention, Mr. Bush told the delegates:

Big government is not the answer, but the alternative to bureaucracy is not indifference. It is to put conservative values and conservative ideas into the thick of the fight for justice and opportunity. This is what I mean by compassionate conservatism, and on this ground, we will lead our nation. ... In the next bold step of welfare reform, we will support the heroic work of homeless shelters and hospices, food pantry and crisis pregnancy centers, people reclaiming their communities block by block and heart by heart.⁹

The President has reiterated this theme in multiple speeches and proclamations:

- “My Administration encourages adoption and supports abstinence education, crisis pregnancy programs, parental notification laws, and other measures to help us continue to build a culture of life.”¹⁰
- “A generous society values all human life and that is why my administration opposes partial-birth abortion and public funding for abortion; why we support teen abstinence and crisis pregnancy programs; adoption and parental notification laws; and why we are against all forms of human cloning.”¹¹

⁷ Kurt Entsminger, *Building a Successful Internet Advertising Campaign for Your Pregnancy Center* (2006) (online at www.care-net.org/publications/cot/internetadvertising.pdf).

⁸ Option Line (online at www.optionline.org).

⁹ George W. Bush, *Remarks at the Republican National Convention* (Aug. 3, 2000).

¹⁰ The White House, *A Proclamation: National Sanctity of Human Life Day* (Jan. 16, 2004) (online at <http://www.whitehouse.gov/news/releases/2004/01/20040116-2.html>).

¹¹ The White House, *President's Phone Call to March for Life Participants* (Jan. 22, 2002) (online at <http://www.whitehouse.gov/news/releases/2002/01/20020122-10.html>).

- “We will also continue our support for crisis pregnancy centers, incentives for adoption and parental notification laws. I propose to double federal funding for abstinence programs in schools and community-based programs.”¹²

Prior to the Bush Administration, only a few pregnancy resource centers received federal funding. Beginning in 2001, however, federal funding of pregnancy resource centers increased sharply. In total, over \$30 million in federal funds went to more than 50 pregnancy resource centers between 2001 through 2005.¹³

One major source of federal funds tapped by pregnancy resource centers is funding for abstinence-only education. Centers teach abstinence-until-marriage either on site or at other locations in the community, including public schools. At a 2005 conference, Care Net, the national umbrella organization, described the advantages of abstinence funding for pregnancy resource centers:

[D]efending and promoting a culture of life is not just about saving babies of those women that walk into the center that are pregnant and thinking about abortion You're defending and promoting a culture of life through teaching them about their own sexuality, their own bodies, and in that, they begin to understand the creation process, and they begin to understand that an unborn child really is valuable. ...

Now obviously when you go into public schools you can't start talking about Jesus dying on the cross, or you may not get invited back very quickly. But ... you're opening the door to a lot more people that may not normally know of your center, you're building credibility for your pregnancy center, you're helping people begin to trust in your pregnancy center, so that if those girls that may have heard your story and didn't quite take it to heart and end up coming to your pregnancy center, or they have friends or family members that come, that trust is already built, and then you've already earned the right to be heard. So people that come into your center that have already heard you, you get the chance to share the Gospel with them, which is the ultimate thing of what we're doing.¹⁴

At least 29 pregnancy resource centers received a total of over \$24 million in Community-Based Abstinence Education (CBAE) funds from 2001 through 2005.¹⁵

¹² The White House, *President's Remarks Via Satellite to the Southern Baptist Convention* (June 15, 2004) (online at <http://www.whitehouse.gov/news/releases/2004/06/20040615-9.html>).

¹³ *Grants Flow to Bush Allies on Social Issues*, Washington Post (Mar. 22, 2006).

¹⁴ Abstinence Liaison, Care Net, *She's Having a Baby: Abstinence and CPCs* (Presentation at the National Abstinence Leadership Conference) (Aug. 8, 2005).

¹⁵ Department of Health and Human Services, *Tracking Accountability in Government Grants System (TAGGS)* (online at <http://taggs.hhs.gov>). Rebecca E. Fox, *SIECUS State Profiles: A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States, Fiscal Year 2003 Edition* (New York: Sexuality Information and Education Council of the United States, 2004); Rebecca E. Fox, *SIECUS State Profiles: A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States, Fiscal Year 2004 Edition* (New York: Sexuality Information and Education Council of the United States, 2005); Rebecca E. Fox, *SIECUS State Profiles: A Portrait of*

Other pregnancy resource centers have received a total of at least \$6 million in abstinence funding provided to the states under section 510 of Title V.¹⁶ The actual total may be higher because centralized information on these grants is not available. For many pregnancy resource centers receiving federal abstinence funding, the grants represented a major increase in their annual budget, in some cases expanding their budgets by seven-fold.¹⁷

In other cases, pregnancy resource centers have received funding through specific congressional earmarks, including for "counseling and pregnancy support services."¹⁸

Pregnancy resource centers have also received approximately \$1 million through the "Compassion Capital Fund," a component of the Bush Administration's faith-based initiative. Created in 2002 and managed by the Administration for Children and Families at the Department of Health and Human Services, the Compassion Capital Fund was designed to bolster faith- and community-based organizations by providing technical assistance and "capacity building" grants. These grants allow recipients to "increase their effectiveness, enhance their ability to provide social services to serve those most in need, expand their organizations, diversify their funding sources, and create collaborations."¹⁹

For many pregnancy resource centers receiving federal abstinence funding, the grants represented a major increase in their annual budget, in some cases expanding their budgets by seven-fold.

The Compassion Capital Fund, which has received \$150 million in federal funds, provides two types of financial support. "Demonstration grants" are given to intermediary organizations that provide technical assistance and subgrants to smaller faith-based and community groups.²⁰ The fund also makes "mini grants," one-time capacity-building awards of up to \$50,000 for faith-based and community organizations "to increase their capacity to serve targeted social service priority areas."²¹

Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States, Fiscal Year 2005 Edition (New York: Sexuality Information and Education Council of the United States, 2006).

¹⁶ See SIECUS, *State Profiles 2004* (online at www.siecus.org/policy/states/index.html).

¹⁷ *Grants Flow to Bush Allies on Social Issues*, Washington Post (Mar. 22, 2006).

¹⁸ For example, in fiscal year 2005 appropriations, \$150,000 was earmarked for Real Alternatives of Harrisburg, Pennsylvania, for "counseling and pregnancy support services; and \$80,000 was earmarked for the Pregnancy Crisis Center in Wichita, Kansas, for "facilities and equipment." P.L. 108-447, *The Fiscal Year 2005 Consolidated Appropriations Act*. Overall, Congress has earmarked over \$1.3 million for pregnancy resource centers since 2001.

¹⁹ Administration for Children and Families, Department of Health and Human Services, *About the Compassion Capital Fund* (online at www.acf.hhs.gov/programs/ccf/about_ccf/index.html).

²⁰ Between 2002 and 2005, the Compassion Capital Fund made demonstration grants totaling more than \$125 million to 65 separate intermediary organizations. See Administration for Children and Families, *Compassion Capital Fund Intermediary Organization Grantees* (online at www.acf.hhs.gov/programs/ccf/existing_grantees/io_grantees.html).

²¹ Between 2003 and 2005, the Compassion Capital Fund made mini-grants totaling more than \$22.5 million to 463 organizations. Administration for Children and Families, *Mini-Grants: Targeted*

To date, 25 pregnancy resource centers in 15 states have received grants through the Compassion Capital Fund. Twenty-two of these centers received an estimated total of \$650,000 in subgrants from the Institute for Youth Development (IYD), an intermediary organization which focuses its subgrants on helping smaller organizations “build capacity to identify federal grant opportunities and to prepare highly competitive applications for federal assistance.”²² Most of the IYD’s subgrants to pregnancy resource centers have gone to recipients that are in the process of pursuing a “medical model” of service delivery, including those intending to pursue Medicaid reimbursement for their services.²³

Of the pregnancy resource centers that have received IYD subgrants, three applied for and received direct mini-grants from the Compassion Capital Fund. Three additional centers received mini-grants only.²⁴ These six mini-grants totaled \$293,000.²⁵

Two centers that received grants through the Compassion Capital Fund also received federal abstinence-only education funding worth \$1.9 million.²⁶

Capacity-Building Program, (online at www.acf.hhs.gov/programs/ccf/about_ccf/prgm_target_cap.html).

²² Institute for Youth Development, *Description of Compassion Capital Fund Initiative* (online at www.youthdevelopment.org/articles/pr120203.htm). Data on total subgrant amounts are approximate. Fifteen centers received about \$425,000 in subgrants in 2003 and 2004, according to data provided by HHS. Seven more centers received subgrants in 2005, but data on the amounts of those grants was not available. In addition, two organizations received \$50,000 subgrants through IYD’s “Pregnancy Resource Center Service Delivery and Medical Model” program. One of the organizations, Heartbeat International, is an umbrella organization that supports pregnancy resource centers. Institute for Youth Development, *IYD Sub-Awards* (online at <http://www.youthdevelopment.org/articles/subawards.htm>).

²³ The IYD provided funds to 15 pregnancy resource centers under its “Pregnancy Resource Center Service Delivery and Medical Model.” Under this program, the center must be engaged in at least one of the following: establishing or expanding a medical model demonstration program to provide an array of prenatal health care services for at-risk or disadvantaged pregnant women; building partnerships and coalitions with other local pregnancy resource centers, existing medical industry entities, and medical service providers to create a cost-effective system to deliver prenatal health care services to at-risk or disadvantaged pregnant women; designing and implementing strategies to recruit medical professionals and staff positions for such a medical model; designing a medical service delivery system that will allow existing pregnancy resource centers to pursue Medicaid reimbursements and other funding activities; demonstrating an exemplary medical practices model to other entities that desire to establish or expand their own models; or assisting other entities to establish or expand their own medical models. Institute for Youth Development, *RFP/IYD 05-302, Pregnancy Resource Center Service Delivery and Medical Model Program* (Announcement Date Jan. 1, 2005).

²⁴ Administration for Children and Families, *2003-2005 Funding for Targeted Capacity-Building Program Grantees, a.k.a. Mini-Grantees* (online at www.acf.hhs.gov/programs/ccf/about_ccf/ccf_pdf/2005fundingmg.pdf).

²⁵ *Id.*

²⁶ Department of Health and Human Services, *Tracking Accountability in Government Grants System (TAGGS)* (online at <http://taggs.hhs.gov>).

II. PURPOSE AND METHODOLOGY

In December 2004, Rep. Waxman released a report by the Special Investigations Division that evaluated the scientific accuracy of the curricula used in federally funded abstinence-only education programs. The report found that nearly all of the curricula contained false, misleading, or distorted information about reproductive health. The curricula included inaccurate information about disease and pregnancy prevention; erroneous effectiveness rates for condoms; the presentation of religious belief as fact; and the teaching of stereotypes about boys and girls as science.²⁷

In this report, Rep. Waxman asked the Special Investigations Division to undertake a similar evaluation of federally funded pregnancy resource centers. Rep. Waxman requested that the investigation examine the medical accuracy of the information that these centers provide to pregnant teenagers seeking advice about whether to have an abortion. Rep. Waxman did not ask the Special Investigations Division to assess the merits of using federal funds to support organizations that provide pro-life counseling to pregnant teenagers and women, and this report does not address this issue.

In response to Rep. Waxman's request, the Special Investigation Division identified the 25 pregnancy resource centers that have received grants through the Compassion Capital Fund. For this report, female investigators telephoned the 25 pregnancy resource centers that have received grants from the Compassion Capital Fund, posing as a 17-year-old trying to decide whether to have an abortion, and requesting information and advice. The caller stated that she was pregnant and thought she wanted an abortion. If asked for more information, the caller told center staff that:

- she was 17;
- she had taken a home pregnancy test and it was positive;
- she had never been pregnant before;
- her last menstrual period had fallen two months earlier; and
- she wanted to receive as much information as possible on the phone because she didn't think she could come in to the center.²⁸

Calls were made to all 25 centers. A counselor was reached at 23 of the 25. Attempts made to reach the remaining two were unsuccessful.

Of the 25 centers, 20 maintain public websites. The Special Investigations Division also reviewed the medical accuracy of the information presented on these websites.

²⁷ U.S. House of Representatives, Committee on Government Reform, Minority Staff, *The Content of Federally-Funded Abstinence-Only Education Programs* (Dec. 2004) (online at www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf).

²⁸ The majority of CPCs attempted to persuade the caller to visit the center in person.

III. FINDINGS

The vast majority of the federally funded pregnancy resource centers contacted during the investigation provided information about the risks of abortion that was false or misleading. In many cases, this information was grossly inaccurate or distorted. A pregnant teenager who relied on the information from these federally funded centers would make her decision about whether to give birth or terminate her pregnancy based on erroneous facts and misinformation.

In total, 87% of the centers reached (20 of 23 centers) provided false or misleading information to the callers. The three major areas of misinformation involved (1) the purported relationship between abortion and breast cancer; (2) the purported relationship between abortion and infertility; and (3) the purported relationship between abortion and mental illness.

A. Pregnancy Resource Centers Provided False and Misleading Information About Abortion and Breast Cancer

There is a medical consensus that there is no causal relationship between abortion and breast cancer. This consensus emerged after several well-designed studies, the largest of which was published in the *New England Journal of Medicine* in 1997, found no indication of increased risk of breast cancer following an induced abortion.²⁹ In 2002, the Bush Administration edited a National Cancer Institute website to suggest that there was still an open scientific question about whether having an abortion might lead to breast cancer.³⁰ After Rep. Waxman and other members of Congress protested the change, the National Cancer Institute convened a three-day conference of experts on abortion and breast cancer.³¹ Participants reviewed all existing population-based, clinical, and animal data available. Their conclusion was that "[i]nduced abortion is not

²⁹ Mads Melbye et al., *Induced Abortion and the Risk of Breast Cancer*, 336 *New Eng. J. Med.* 81, 84 (1997).

³⁰ As revised by the Bush Administration, the website stated: "The possible relationship between abortion and breast cancer has been examined in over thirty published studies since 1957. Some studies have reported statistically significant evidence of an increased risk of breast cancer in women who have had abortions, while others have merely suggested an increased risk. Other studies have found no increase in risk among women who had an interrupted pregnancy." National Cancer Inst., *Early Reproductive Events and Breast Cancer* (Nov. 25, 2002) (online at www.cancer.gov/cancer_information/doc.aspx?viewid=8cf78b34-fc6a-4fc7-9a63-6b16590af277). *Abortion and Breast Cancer*, *New York Times* (Jan. 6, 2003).

³¹ Letter from Rep. Henry A. Waxman et al. to Tommy G. Thompson, Secretary, U.S. Department of Health and Human Services. (Dec. 18, 2002) (online at www.democrats.reform.house.gov/Documents/20040817143143-53989.pdf).

associated with an increase in breast cancer risk.” The panel ranked this conclusion as “[w]ell-established.”³²

Despite this medical consensus, eight centers warned the caller that having an abortion would increase her risk of breast cancer. For example, one center told the caller that “all abortion causes an increased risk of breast cancer in later years.”³³ Another center said that research shows a “far greater risk” of breast cancer after an abortion.³⁴

A few centers provided a misleading explanation for the purported elevated risk. One told the caller that women who have abortions “are now finding out that they have breast cancer” because the development of hormones and glands in the breast tissue is abruptly stopped.³⁵ Another center said that there is an increased risk of breast cancer because breast tissue is still developing when an abortion takes place.³⁶ A third stated that terminating a pregnancy can “affect the milk forming in your breasts” and “some women are finding out that they’re having breast cancer later on.”³⁷

Several centers quantified the claimed risk. One center told the caller that there is an “extremely high, increased risk of breast cancer” that “can be as much as an 80% increase depending upon how the risk factors fall into place.”³⁸ A second center stated that abortion increases the risk of breast cancer by 50%.³⁹ A third center asserted that an abortion elevates the average lifetime risk of breast cancer by 50% and that more abortions increase the risk even more.⁴⁰

Despite medical consensus that there is no causal link between abortion and breast cancer, eight centers warned of such a link. One center claimed that the risk would be “extremely high,” increasing by as much as 80%.

The theme of abortion causing breast cancer is reflected in many of the centers’ websites. One website reports an “[i]ncreased risk of breast cancer, particularly risky for those who abort their first pregnancy.”⁴¹ It further states that “[w]hile study results vary, most demonstrate a 50% or greater increased risk.”⁴² Another center website states: “For women aborting a first pregnancy, the risk of breast cancer almost doubles after a first-

³² National Cancer Inst., *Summary Report: Early Reproductive Events and Breast Cancer* (Mar. 4, 2003) (online at www.cancer.gov/cancerinfo/ere-workshop-report).

³³ Center T.

³⁴ Center N.

³⁵ Center K.

³⁶ Center S.

³⁷ Center X.

³⁸ Center O.

³⁹ Center U.

⁴⁰ Center W.

⁴¹ CareNet Pregnancy Center of Albuquerque, *Abortion* (online at www.carenetabq.org/abortion.shtml) (accessed June 9, 2006).

⁴² *Id.*

trimester abortion and is multiplied with two or more abortions. This risk is especially great for women who do not have children. Some recent studies have refuted this finding, but the majority of studies support a connection.”⁴³

B. Pregnancy Resource Centers Provided False and Misleading Information About the Effect of Abortion on Future Fertility

Vacuum aspiration, the method most commonly used for abortions during the first trimester, does not pose an increased risk of infertility or other fertility problems. According to one authority:

Researchers have reviewed the world literature, including studies from 21 countries, and have concluded that women who have their first pregnancy terminated by vacuum aspiration are at no increased risk of subsequent infertility or ectopic pregnancy when compared with women who carry their first pregnancy to term. They also concluded that a single induced abortion performed by vacuum aspiration does not increase the risk of complications during future pregnancies, the risk of having a low birthweight baby, or the risk of having a pregnancy result in a miscarriage, stillbirth, infant death or congenital malformations.⁴⁴

During the investigation, the caller informed the pregnancy resource center that her last period had been approximately two months earlier and that this was a first pregnancy. These facts placed the caller in the category with no increased risk of infertility from vacuum aspiration. Nonetheless, seven pregnancy resource centers informed the caller that she would be at increased risk of fertility problems from abortion.

Several centers described the risk of abortion-induced infertility as common or high. One told the caller that damage from abortion could lead to “many miscarriages” or to “permanent damage” so “you wouldn’t be able to carry.”⁴⁵ This center stated that this is “common” and happens “a lot.”⁴⁶

⁴³ Westside Pregnancy Resource Center, *Physical Health Risks of Abortion* (online at www.wprc.org/21.45.0.0.1.0.phtml) (accessed June 9, 2006).

⁴⁴ Atrash and Hogue, *The Effect of Pregnancy Termination on Future Reproduction*, Baillière’s Clinical Obstetrics and Gynecology 391-405 (June 1990). A leading obstetrics textbook states that other than the “small risk” of infection, “Fertility is not altered by an elective abortion.” F. Gary Cunningham et al., *Williams Obstetrics 21st Edition*, 877 (2001).

⁴⁵ Center E.

⁴⁶ *Id.*

One center told the caller that abortion “could destroy your chances of ever having children again” and that infertility “happens more often than the media reports.”

Another center said, “In the future you could have trouble conceiving another baby”⁴⁷ because of scar tissue. When the caller asked if that happens to a lot of women, the center said, “A lot of women, yeah.”⁴⁸ Another told the caller that if she did not need to have an abortion, she should not have one because “the risks of abortion are so great,” involving damage to the cervix which could prevent pregnancy.⁴⁹ A fourth center told the caller that abortion “could destroy your chances of ever having children again” and that infertility “happens more often than the media reports.”⁵⁰

Other centers provided similarly misleading information:

- One center said that there are “possibilities of miscarriage later on in life when you’re wanting to get pregnant.”⁵¹ When the caller asked if that happens a lot, the center responded, “I don’t know what the full statistics are” but “it’s just one of the possible risks.”⁵²
- Another center could not say “exactly how likely it is,” but “a lot of the women we see here who’ve had abortions in the past” are not able to get pregnant.⁵³
- Another center said that if the cervix is damaged, “it won’t stay closed in future pregnancies, and it can open prematurely and you can have miscarriages.”⁵⁴ The center told the caller that these physical risks may not happen as often as the emotional risks of abortion, but “it is a very real possibility.”⁵⁵

Several of the centers’ websites contained the same type of misinformation. For example, one states that abortion brings an “[i]ncreased risk of infertility,” claiming that 2% to 5% of abortions result in sterility.⁵⁶ Another notes: “Infertility and sterility mean that a woman cannot get pregnant. Abortion causes sterility in 2-5% of the women who have an abortion.”⁵⁷

⁴⁷ Center W.

⁴⁸ *Id.*

⁴⁹ Center G.

⁵⁰ Center H.

⁵¹ Center I.

⁵² *Id.*

⁵³ Center L.

⁵⁴ Center B.

⁵⁵ *Id.*

⁵⁶ CareNet Pregnancy Center of Albuquerque, *Abortion* (online at www.carenetabq.org/abortion.shtml) (accessed June 9, 2006).

⁵⁷ Pregnancy Resources, Inc., *Abortion Risks* (online at www.pregnancyresourcesinc.com/abortion_risks.htm) (accessed June 9, 2006).

C. Pregnancy Resource Centers Provided False and Misleading Information About the Mental Health Effects of Abortion

Pro-life advocates assert the existence of a condition called "Post-Abortion Syndrome," characterized as severe long-term emotional harm caused by abortion, and claim that this condition occurs frequently. Neither the American Psychological Association nor the American Psychiatric Association recognizes this syndrome, however. In fact, there is considerable scientific consensus that having an abortion rarely causes significant psychological harm. An expert panel of the American Psychological Association convened to "review the best scientific studies of abortion outcome" found:

The best studies available on psychological responses to unwanted pregnancy terminated by abortion in the United States suggest that severe negative reactions are rare, and they parallel those following other normal life stresses. Despite methodological shortcomings of individual studies, the fact that studies using diverse samples, different measures of postabortion response, and different times of assessment come to very similar conclusions is persuasive evidence that abortion is usually psychologically benign.⁵⁸

Other studies have reached similar results. A subsequent analysis based on a longitudinal study of women one hour before, one hour after, one month after, and two years after abortion found: "Reports support prior conclusions that severe psychological distress after an abortion is rare."⁵⁹ A study based on data from the National Longitudinal Survey of Youth, with respondents initially aged 14 to 21, found: "Although women may experience some distress immediately after having an abortion, the experience has no independent effect on their psychological well-being over time."⁶⁰ Similarly, a review of multiple studies of teens and abortion reported: "data do not suggest that legal minors are at heightened risk of serious adverse psychological responses compared with adult abortion patients or with peers who have not undergone abortion."⁶¹ Yet another longitudinal study followed 13,000 women in Britain over a period of 11 years and found that women who continued the pregnancy and gave birth experienced the same rate of need for psychological treatment as women who had abortions.⁶²

⁵⁸ N.E. Adler et al., *Psychological Factors in Abortion: A Review*, *American Psychologist*, 1194-1204, 1202 (Oct. 1992).

⁵⁹ B. Major et al., *Psychological Responses of Women After First-Trimester Abortion*, *Archives of General Psychiatry*, vol. 57, no. 8 (Aug. 2000).

⁶⁰ S. Edwards, *Abortion Study Finds No Long-Term Ill Effects on Emotional Well-Being*, *Family Planning Perspectives*, 193-94 (July-Aug. 1997). The study used data from the National Longitudinal Survey of Youth, with respondents aged 14 to 21 at the start of research. Data was from 1979 through 1987.

⁶¹ N. Adler et al., *Abortion Among Adolescents*, *American Psychologist* (March 2003).

⁶² Anne C. Gilchrist et al., *Termination of Pregnancy and Psychiatric Morbidity*, *British Journal of Psychiatry* (1995) 243-48. Pro-life advocates point to certain studies that report correlations between a history of abortion and a range of psychological problems. These studies have been criticized for methodological shortcomings, such as the failure to control for factors such as mental

Despite the scientific evidence that abortion does not cause significant long-term psychological harm, thirteen pregnancy resource centers told callers the exact opposite, asserting that having an abortion would cause a wide range of damaging and long-lasting psychological impacts.

According to one center, “the rate of suicide in the year following an abortion goes up by seven times.”⁶³ Other centers described lengthy lists of emotional harm that could result from an abortion:

- One center said that abortion can bring “huge” emotional complications. The center said that emotions experienced by women following an abortion can be: “guilt, numbness, dreams and nightmares, changes in relationships, ... difficulty with making friends, sexual problems, preoccupation with abortion date or due date, ... sadness, anxiety, suicidal ideas, sedatives, alcohol, drug use, eating disorders, sense of loss, inability to relax, fear of failure, crying spells, regret, anger, helplessness, headaches, loneliness, panic, ... signs of marital stress.”⁶⁴
- Another warned of “sadness, long-term grief, anger, sexual dysfunction, guilt, flashbacks, memory repression, anniversary reaction, suicidal thoughts, increased use of alcohol or drugs, or difficulty maintaining close relationships.”⁶⁵
- A third center described flashbacks and a “downward spiral where they lose friends and family members.”⁶⁶

Another center told the caller that “the side effects of abortion are pretty awful,” including guilt or shame, depression, isolation, anxiety, anger, sadness, preoccupation with getting pregnant again, eating disorders, drugs or alcohol abuse, difficulty with intimate relationships, and suicidal thoughts, and “there is more after that.”⁶⁷ This center said that after an abortion, 80% of women seek psychiatric help “in relation to their

illness or childhood abuse that may explain both the unintended pregnancy and the mental health problem. Guttmacher Institute, *Abortion in Women's Lives* (2006) at 24; Patricia Dietz et al., *Unintended Pregnancy Among Adult Women Exposed to Abuse of Household Dysfunction During Their Childhood*, *Journal of the American Medical Association* (Oct. 13, 1999).

⁶³ Center Q.

⁶⁴ Center P.

⁶⁵ Center M.

⁶⁶ Center S. Other centers referred to “depression, anxiety, a whole bunch of different emotional risks” that can follow from abortion (Center K); “usually some nervousness, trouble sleeping, insomnia, or nightmares, sometimes it can lead then into maybe eating disorders or other psychological effects” (Center N); and depression and guilt “that may be at the root cause of other problems” such as eating disorders and suicidal tendencies (Center B).

⁶⁷ Center O.

One center compared the effects of having an abortion to the experience of soldiers returning from Vietnam, and said that post-abortion stress “is something that anyone who’s had an abortion is sure to suffer from.”

abortion,” often years later.⁶⁸ In contrast, the center asserted that only 3% of women who have full-term pregnancies seek psychiatric care for short-lived post-partum depression, explaining:

Having a baby is a normal process and what it does is fulfills a woman. It is fulfilling one of the roles that she has. Abortion is the exact opposite; she is doing something totally contrary to what her role is. That’s why it has such an emotional impact on women.⁶⁹

One center compared the experience of having an abortion to the experience of going to war, analogizing the post-traumatic stress experienced after an abortion to that seen in soldiers after Vietnam, and said that it “is something that anyone who’s had an abortion is sure to suffer from.”⁷⁰

The pregnancy resource centers indicated that these emotional effects are extremely common, telling the caller: over 75% of women experience mild to severe post-abortion stress syndrome⁷¹; “[j]ust about over 90% of women have some type of emotional or psychological effects of abortion”⁷²; post-abortion syndrome and other problems happen to everyone “in varying degrees”⁷³; and the “majority” of women who choose abortion have post abortion syndrome in “various degrees.”⁷⁴ The center that asserted that suicide rates increase seven times following an abortion also said that “60-70% of women have emotional complications from an abortion.”⁷⁵

The idea that abortion is likely to lead to long-term psychological harm was also present on many of the centers’ websites. For example, the following descriptions appeared on these websites:

- **“What is Post Abortion Syndrome?** Nine out of every ten women who have undergone an abortion suffer deep seated anxiety and regret called post-abortion syndrome. Sometimes it appears many years later.”⁷⁶
- **“Psychological/Emotional Trauma:** 50% of post-abortive women report experiencing emotional and psychological disturbances lasting for months or years. This includes acute feeling of grief, depression, anger, fear of disclosure, preoccupation with babies or getting pregnant again, nightmares, sexual

⁶⁸ *Id.*

⁶⁹ *Id.*

⁷⁰ Center R.

⁷¹ Center V.

⁷² Center X.

⁷³ Center U.

⁷⁴ Center J.

⁷⁵ Center Q.

⁷⁶ Women’s Care Center *Facts You Should Know About Abortion* (online at www.womenscarecenter.org/faq_abortion.html) (accessed June 9, 2006).

dysfunction, termination of relationships, emotional coldness, increased alcohol and drug abuse, eating disorders, anxiety, flashbacks, anniversary syndrome, repeat abortions, and suicide.”⁷⁷

CONCLUSION

Pregnant teenagers and women turn to federally funded pregnancy resource centers for advice and counseling at a difficult time in their lives. These centers, however, frequently fail to provide medically accurate information. The vast majority of pregnancy centers contacted in this investigation misrepresented the medical consequences of abortion, often grossly exaggerating the risks. This tactic may be effective in frightening pregnant teenagers and women and discouraging abortion. But it denies the teenagers and women vital health information, prevents them from making an informed decision, and is not an accepted public health practice.

⁷⁷ A Woman's Concern Pregnancy Resource Clinic, *Considering Abortion?* (online at www.awomansconcern.com/considering_abortion.htm) (accessed June 9, 2006).

The Truth Revealed

Maryland Crisis Pregnancy Center Investigations

Prepared by Melissa Kleder, MA and
S. Malia Richmond-Crum, MPH

January 14, 2008

A Report by
NARAL Pro-Choice Maryland Fund

Introduction

Fifty percent of all pregnancies nationwide are unplanned.¹ In Maryland, 42 percent of pregnancies that end in birth are unintended.² For women and their partners, an unintended pregnancy can cause feelings of fear, shock, shame, and regret. Many women are confused and discuss their options with a third party: family members, friends, and in some cases a trained counselor. A woman seeking professional help is likely to find herself in a Crisis Pregnancy Center that has offered to assist her by providing information on adoption, abortion and parenting. What these women may not know is that the vast majority of these centers are run by non-professionals and provide false and misleading information to deter women from considering an abortion.

Crisis Pregnancy Centers (CPCs) have expanded their presence throughout the United States, as well as in Maryland. Some states, including Texas and Pennsylvania, have adopted policies that allow these centers to receive state funding. After hearing accounts from numerous women about unfair and deceptive practices at CPCs, the NARAL Pro-Choice Maryland Fund initiated an investigation into Maryland CPCs. The purpose of the investigation was to determine whether Maryland CPCs were engaging in a systematic pattern and practice of deception and manipulation in an effort to dissuade pregnant women from exercising their right to choose.

Crisis Pregnancy Centers— A National Perspective

What are Crisis Pregnancy Centers?

CPCs began to appear in the U.S. in the 1960s as state legislatures started to repeal laws outlawing abortion. Currently, there are approximately 2,500–4,000 CPCs in the United States,³ the vast majority of which are anti-abortion organizations. The primary goal of these centers is to prevent women from choosing abortion. Most CPCs are part of national networks, such as CareNet and Heartbeat International,⁴ self-described pro-life, evangelical Christian organizations.^{5,6} Heartbeat International alone lists 56 associated CPCs in the state of Maryland.⁷

Misleading Information Regarding Women's Health

Importantly, CPCs are not medical clinics and are staffed primarily by volunteers who have no medical training.⁸ Services advertised by these centers include pregnancy testing and counseling, adoption information, parenting classes, financial assistance for baby clothes and supplies, and occasionally, sonograms and sexually transmitted infection (STI) testing.

Reports by Congressional committee staff and the National Abortion Federation found that CPCs provide false or misleading health information in the hope of convincing women not to have abortions. Volunteer staff members at these centers provide deceptive antiabortion messages to women, including that abortion is painful and life-threatening, has long-lasting physical and mental health consequences, increases a woman's risk of breast cancer, and can lead to sterility or death.⁹

For example:

- CPC staff routinely tell young women that abortions increase a woman's risk of contracting breast cancer by as much as 80 percent. The medical community has firmly established that no link exists between abortion and the development of breast cancer.¹⁰ The National Cancer Institute confirmed these findings at a three-day conference in 2003 involving more than 100 abortion and breast cancer experts.¹¹
- Despite abundant scientific evidence to the contrary, many CPCs continue to cite problems with future fertility and potential multiple miscarriages as a common risk of abortion.
- Another consequence of abortion about which many CPCs warn is a psychological condition they call "Post Abortion Stress Syndrome." This "syndrome" is not recognized by the American Medical Association, the American Psychological Association, or the American Psychiatric Association. Multiple studies in the United States and abroad have found that having an abortion does not affect the psychological well-being of women over time.¹² Yet many CPCs distribute pamphlets that state at least 19 percent of women who have chosen abortion demonstrate diagnosable

post-traumatic stress disorder after having an abortion.¹³ This harmful and false information is often repeated on CPC websites and in educational brochures distributed to women who visit these centers.

While providing false and misleading information about abortion, CPCs rarely supply information on contraception, and will not give referrals to clinics or physicians that offer comprehensive reproductive health care (which includes contraception and abortion). Family Planning clinics, of which there are 80 in Maryland, receive some of their funds through the US Department of Health and Human Services Office of Population Affairs.¹⁴ Programs that receive Title X funds are required to provide a full range of options counseling, including information on adoption, continuing a pregnancy, and terminating a pregnancy. Additionally, Title X grantees must meet professional standards of care and counseling, must protect patient privacy, and provide medically accurate information to patients.

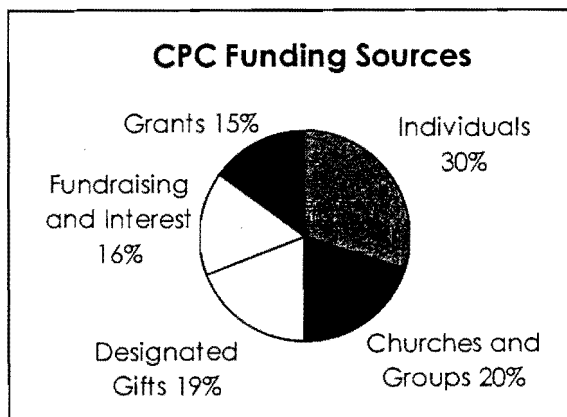
Maryland family planning clinics that receive federal and state funds through the Maryland Department of Health and Mental Hygiene provide comprehensive reproductive health services which include:

- Preconception health care
- Teen pregnancy prevention
- Reproductive health
- Birth control methods including emergency contraception
- Sexually transmitted infection (STI) screening and treatment
- HIV testing and referral to care
- Pregnancy testing
- Pap smears

How Crisis Pregnancy Centers are Funded

Crisis Pregnancy Centers receive funds from a variety of sources, depending on the state in which they operate. They are financed primarily by religious organizations, individual churches, and individual donors. According to a Maryland CPC annual report, 2005 revenue came from the following sources: 30 percent Individuals; 20 percent Churches and Groups; 19 percent Designated Gifts; 16 percent Fundraising and Interest; and 15 percent Grants.¹⁵ In many states,

including Maryland, CPCs also receive funds through "Choose Life" license plates.¹⁶



Who goes to Crisis Pregnancy Centers?

One of the most unsettling aspects of CPCs is their effective targeting of the most vulnerable: young, poor, and minority women. According to a 2006 CPC newsletter, 69 percent of their clients were under the age of 24.¹⁷ CPCs often advertise in high school and college newspapers. For example,

“They also often target minority populations and exploit specific vulnerabilities in order to dissuade women from choosing abortion”

our campus activist group at the University of Maryland, College Park reports that a nearby CPC advertises regularly in the school paper, *The Diamondback*. CPC advertisements can also be found in the school newspaper at Montgomery Blair High School in Montgomery County. CPCs appeal to low-income women by offering free services, some of which can be costly in the private sector, such as ultrasounds. They also often target minority populations and exploit specific vulnerabilities in order to dissuade women from choosing abortion. One investigator, who posed as a Latina immigrant, was told, falsely, that it would be “very, very difficult” for her to obtain an abortion if she was not a legal resident of the U.S.

Maryland Investigations

Process

Throughout 2007, the NARAL Pro-Choice Maryland Fund sent staff and trained volunteers into Crisis Pregnancy Centers to determine exactly what information and services Maryland CPCs were providing women. Our investigation included personal visits to CPCs in Montgomery,¹⁸ Prince George's,¹⁹ Harford,²⁰ and Baltimore counties,²¹ as well as Baltimore City.²² We visited eleven centers in total, and visited one center on two separate occasions. The investigators always visited the centers in pairs. After each appointment, the investigators completed a CPC Report Form to record a detailed written description of their visit and met with a NARAL Pro-Choice Maryland Fund staff member to share their experience verbally. In addition, NARAL Pro-Choice Maryland Fund staff analyzed the accuracy of CPC websites and of pamphlets provided to investigators by the CPCs.

Investigation Results

NARAL Pro-Choice Maryland Fund investigators found that *every* CPC visited provided misleading or, in some cases completely false, information. This misinformation was distributed in several ways, including verbally, in written materials, and on websites. Our analysis found that CPCs across Maryland use a common set of tactics to limit women's reproductive health options. These include false information about abortion risks, misleading data on birth control, and emotionally manipulative counseling. We also found that

although there is a growing trend for CPCs to offer more medical services, very few of the centers employ medical professionals or are required to adhere to medical regulations. Overall, the research shows a systematic pattern of deception intended to prevent women from making informed decisions about their reproductive health.

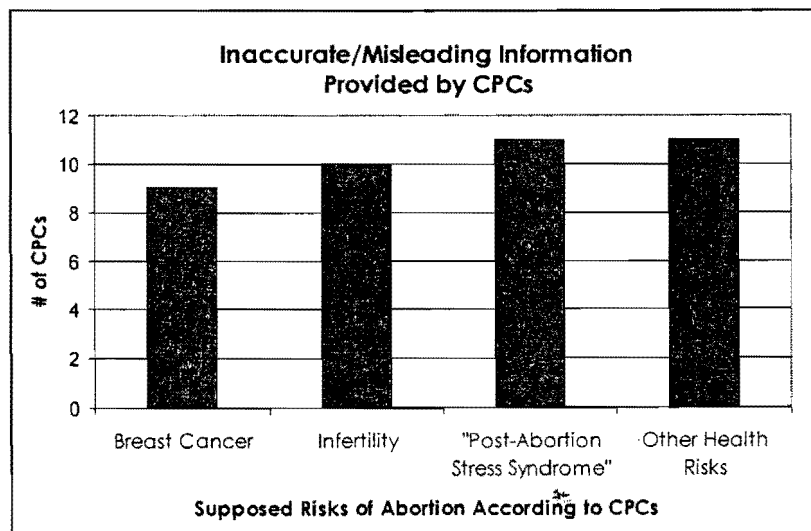
False and Misleading Information

Abortion Risks

Abortion is a very safe procedure. Less than one percent of women who have abortions experience a complication serious enough to require hospitalization.²³ Moreover, studies have repeatedly shown that abortion does not cause future infertility, an increased risk of breast cancer, or mental health problems.²⁴

In one form or another, every single center visited misrepresented the risks associated with abortion. Our analysis shows that 54 percent of the centers provided misinformation verbally, 63 percent of websites posted false or misleading risk factors, and 81 percent distributed pamphlets that contained inaccurate information about risks. Some of the most egregious statements include the following:

- An investigator reported that at one CPC, "the counselor said that I did not want to get an abortion and kill my baby. She stated that abortions were dangerous, had many side effects, and many women bleed to death on the table. She later commented that many women commit suicide after having an abortion."



- Another counselor stated if “they” do not take out all the “body parts” an infection can occur. She also listed cancer and future infertility as risks.
- One brochure states that “if you have a family history of breast cancer and have an early abortion at a young age, your chances of getting breast cancer before the age 45 are increased by 800 percent!”²⁵
- One counselor stated that if a woman with breast cancer in her family has an abortion, then she will definitely get breast cancer, which will kill her. This counselor also said that abortion is very dangerous and causes infertility and emotional problems.
- In explaining so-called Post Abortion Stress Syndrome, one counselor stated “Now that abortion has been legal for so long, they are finding that 10–15 years later women are drinking and depressed because it is not natural. It can ruin your life.”

In addition to providing false information on abortion risks, CPCs often encourage women considering abortion to wait before making a decision. One counselor stated: “Don’t panic. Abortion is legal through all nine months of pregnancy, so you have plenty of time to make a decision.” However, Maryland does not have a single provider who will perform an abortion after viability.²⁶ Furthermore, the use of misleading information and other delay tactics (to be

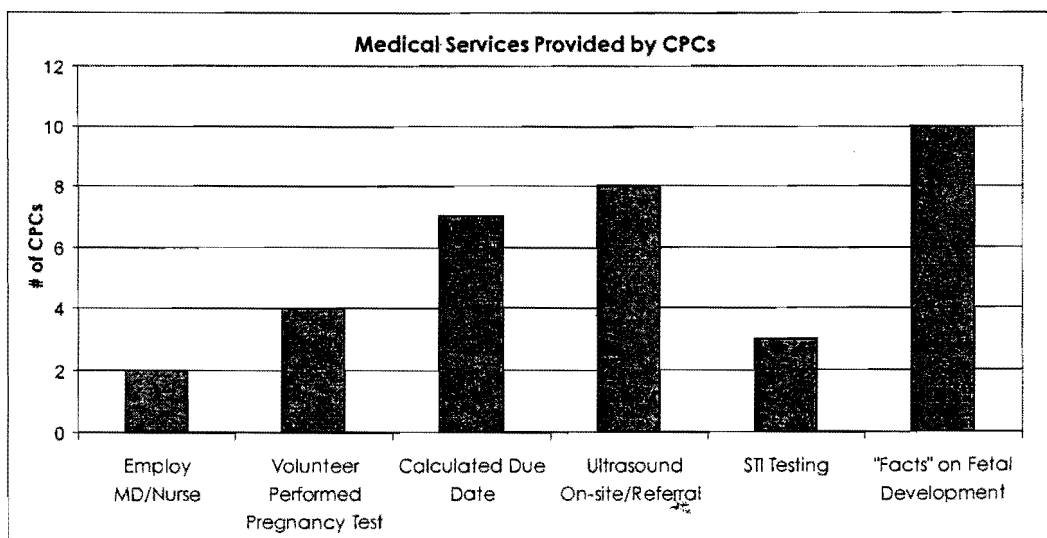
discussed in more detail later in the document) threaten the health of women who decide to have an abortion. Numerous studies have shown that it is safest to have an abortion within the first trimester.²⁷

Contraception and STIs

In addition to providing false information, many CPCs also failed to furnish basic and important reproductive health information to a woman potentially facing an unintended pregnancy. For example, despite the fact that access to contraception has been proven to be the most effective way to decrease the need for abortion, nine out of 11 CPCs visited did not discuss birth control, and not a single center provided a referral for birth control.²⁸ The two centers that did mentioned birth control provided false information, stating that condoms have a 35 percent failure rate²⁹ and that birth control pills will cause infertility and cancer. When one investigator specifically requested a referral for birth control, the CPC volunteer stated she could not help because birth control is “next to aborting your baby.” Furthermore, 81 percent of the CPCs failed to discuss sexually transmitted infections. Ninety percent of the centers promoted abstinence only and/or “natural family planning,” rather than a comprehensive approach to birth control.

Aura of Medical Authority

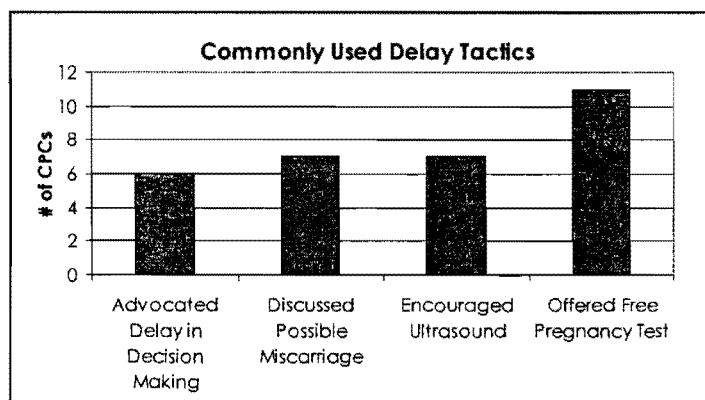
The provision of certain medical procedures at CPCs aggravates the harm caused by the misinformation they distribute by giving largely amateur-run centers an aura of medical authority.



While 45 percent of the centers offered on-site sonograms, only 18 percent of them actually employed medical staff. Administering medical procedures lends increased credence to the CPC volunteers' discussion of medical facts such as abortion risks and fetal development.

Delay Tactics Through the Use of Medical Services

In addition to pregnancy tests and counseling, a growing number of CPCs in Maryland are offering more medical services, such as sonograms and STI testing. While providing such services may appear helpful at first glance, they prove to be another dangerous tactic used to delay women from making a decision about an unintended pregnancy.



Pregnancy Testing

Our investigators found that medical services were often used to lure women into the centers or to delay abortion services. All 11 centers visited offered free pregnancy testing. This is a principal strategy used to entice women into the centers. Unfortunately, CPCs used this seemingly benign service as an opportunity to dissuade women from abortion. When contacted for an abortion referral, seven out of eleven centers encouraged callers to come in for a pregnancy test and stated that they could provide information on abortion. When pressed for an actual referral, all seven centers refused while continuing to encourage the caller to come into the center for counseling. By persuading women to visit the center, CPCs effectively push their anti-abortion agenda while delaying access to abortion services. By delaying access to abortion services these centers make abortion more costly, dangerous, and difficult or impossible to obtain.

STI Testing

Our investigators found that several CPCs in Maryland have recently added free STI testing to their list of services. One investigator contacted a CPC for an STI test and was informed that she would have to take a pregnancy test before the STI test could be performed. The caller was told that if she was pregnant, the STI test would not be performed because it would require a "swab sample from the inside of the vagina and the doctor would not perform the test on a pregnant woman." There is no medical basis for this statement. In fact, the Centers for Disease Control and Prevention (CDC) recommends that pregnant women be screened for STIs on their first prenatal visit in order to protect a woman and her fetus's health.

Sonograms

Sonograms are an effective method used by CPCs to provide deceptive information and delay abortion services. CPCs often manipulate women into having sonograms by using misleading statistics to exaggerate the risk of miscarriage in early pregnancy.³⁰ In order to ensure that seeing the fetus will have the desired effect, many CPCs purposefully schedule sonogram appointments two-three weeks after the initial appointment to ensure that there will be a heartbeat and that the pregnancy is larger than a grain of rice. This tactic

was summed up by one CPC volunteer who said to an investigator: "Thirty percent of women naturally miscarry, so there was no point in rushing to get an abortion. ... and you need to come meet your baby before deciding what to do."

Inadequate Counseling

CPCs often cite counseling as one of their most used and valuable services. Advertisements for the centers often claim to provide information on all pregnancy options that will allow women to make an informed decision. However, our investigators found the counseling services to be inadequate, biased, and in some cases, unethical.

Our research shows that problems with CPC volunteers range from ignorance of fundamental reproductive health information and poor communications skills to overt manipulation through scare tactics and emotional exploitation.

In some cases, it appeared that the volunteers wanted to help women but were insufficiently trained on how to interact with an emotionally distressed individual. For example, at one center, every time the investigator asked a question the volunteer simply responded by stating, "We have a pamphlet for that." At a different center, one CPC volunteer became flustered when she felt she could not communicate adequately with a Spanish-speaking investigator and her translator. The woman began calling multiple CPCs in search of a Spanish-speaking volunteer. Throughout this effort, the volunteer repeatedly broke previously assured confidentiality by disclosing the investigator's first and last name and that she was pregnant and considering abortion.

In addition, most centers failed to maintain the professional neutrality that is a commonly accepted tenet of counseling. Every center that investigators visited used some type of emotionally manipulative tactic, such as offering congratulations for a positive pregnancy test, referring to the pregnancy as a baby, and giving the investigator hand-knitted baby booties. One volunteer disclosed that she had adopted two children herself and strongly

The operator yelled at her for making a "terrible decision" for herself and her baby by opting to follow her parents' advice and see her own doctor instead of returning to the CPC.

encouraged adoption. At two separate centers, the counselors disclosed that they themselves were pregnant. Another CPC provided an investigator with a model of a 12-week-old fetus (even though they had estimated her gestation to be six weeks), and was told to "show this to your boyfriend when discussing options."

While most of the CPCs used a friendly approach to communicate their anti-abortion message, four of the eleven CPCs were hostile, domineering, and unethical. In one case, the initial attitude of the staff was relatively positive, but it quickly changed when the investigator called to cancel an ultrasound appointment. The phone operator

became very aggressive when the caller stated that she was still undecided about the pregnancy. The operator yelled at her for making a "terrible decision" for herself and her baby by opting to follow her parents' advice and see her own doctor instead of returning to the CPC. At another center, the male counselor locked the door once the investigators entered the room. Although there was a female counselor present, the male dominated the session in a very controlling and intimidating manner. The man separated the investigators by insisting that the "pregnant" investigator sit directly across from him and proceeded to state that abortion was dangerous and caused breast cancer and infertility.

Our investigators found that while many CPC volunteers emphasized the purported long-term effects of abortion, very few discussed the practicalities of adoption or parenting. All of the centers mentioned adoption as an option and two counselors even shared personal stories of positive adoption experiences, but none of the centers provided concrete information on the adoption process or explored the different types of adoption. Only one center offered a referral to an adoption agency.

All eleven CPCs offered assistance to women who decided to parent, but the assistance was typically limited to six months to one year after the child was born. In addition, many volunteers failed to acknowledge realistic considerations like childcare, employment, housing or education. In one case, an investigator expressed concern about being able to pursue her education if she continued the pregnancy. The volunteer told the investigator that she was early enough in the pregnancy to finish out the semester and that later the investigator's mother could provide childcare. The investigator stated that her mother was not an option for childcare because she worked full time. The volunteer offered no other solutions for childcare or information on programs that assist young parents in college, stating instead: "Even so, having a baby isn't that hard. I'm sure you can handle it."

Conclusion

What We Found

Our investigation of 11 Crisis Pregnancy Centers in Maryland found consistent use of false and

misleading information, biased and manipulative counseling, and delay tactics to deter and prevent women from exercising their right to choose. The centers we investigated also consistently refused to provide information or referrals for affordable birth control services, despite targeting their services to sexually active low-income and young women. Maryland Crisis Pregnancy Centers attract clients with their advertisements offering

They are given wildly inaccurate information about the physical and mental health risks associated with abortion, and informed only about the joys of parenting and adoption.

free pregnancy tests and “pregnancy options counseling.” This is a very appealing offer for women in a vulnerable time in their lives. After providing free urine pregnancy tests (the kind available at any drug store), women are counseled with only negative information about the option of abortion. They are given wildly inaccurate information about the physical and mental health risks associated with abortion, and informed only about the joys of parenting and adoption. If a client continues to consider abortion, she is given false information about abortion service availability and encouraged to delay her decision. CPCs that offer ultrasounds and STI testing are able to delay clients further through appointment wait times, while also gaining a sense of authority and credibility in their client’s eyes as a medical service provider. However, CPCs are not medical centers. They are operated by volunteers who are, in general, poorly trained in women’s reproductive health issues and well trained in anti-choice propaganda.

What Can Be Done?

NARAL Pro-Choice Maryland Fund believes that women facing unplanned pregnancies are entitled to accurate, unbiased, and comprehensive medical information about their full range of options. Right now, this is not the case in Maryland. The problems uncovered by NARAL Pro-Choice Maryland Fund investigators are not isolated to one center or one provider entity. They were

systematic and reflect trends documented across the country. Women in Maryland need protection from the unfair and deceptive practices perpetrated by the numerous CPCs throughout the state.

Positive Remedies:

- The government should support only legitimate family planning clinics and full-service pregnancy aid centers that provide unbiased counseling, birth control information and referrals for abortion services. The government should not fund the proposed Pregnant Women Support Act (also called the Real Alternatives Program), which would allocate state funding for the Crisis Pregnancy Centers we investigated.
- Church groups and individuals who support services for pregnant women should look closely at the programs and materials they are funding. They should insure that the organizations they support provide volunteers and clients with scientifically accurate and honest information about reproductive options. If they do not, the donors should redirect their donations to a legitimate pregnancy options counseling center or other services for mothers.
- Local Health Departments and school systems should not provide referrals to Crisis Pregnancy Centers. They should not allow CPCs to provide sexuality education curriculum content or support them with federally funded abstinence-only grants.
- High school and university newspapers should refuse to print misleading ads for CPCs. If an advertisement offers “pregnancy options counseling” and does not clearly state a position on abortion and birth control students should call to investigate. If the advertisers refuse to provide a referral for abortion services, they are likely a CPC using misleading advertising. Students should ask the newspaper to demand honesty from its advertisers.

By taking these steps, Marylanders can begin to mitigate the harm caused by CPCs’ systemic pattern of unfair and deceptive practices and ensure pregnant women receive honest, comprehensive support when considering their full range of options.

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**CITY OF BALTIMORE
COUNCIL BILL 09-0406
(First Reader)**

Introduced by: President Rawlings-Blake, Councilmembers Clarke, Middleton, D'Adamo, Cole,
Henry, Spector, Conaway, Curran, Branch, Holton
Introduced and read first time: October 5, 2009
Assigned to: Judiciary and Legislative Investigations Committee

REFERRED TO THE FOLLOWING AGENCIES: City Solicitor, Health Department

A BILL ENTITLED

AN ORDINANCE concerning

Limited-Service Pregnancy Centers – Disclaimers

FOR the purpose of requiring limited-service pregnancy centers to provide a certain disclaimer to clients and potential clients; defining a certain term; imposing certain penalties; and generally relating to required disclaimers by limited-service pregnancy centers.

BY adding

Article - Health

Section(s) 3-501 through 3-506, to be under the new subtitle designation,

“Subtitle 5. Limited-Service Pregnancy Centers

Baltimore City Revised Code

(Edition 2000)

SECTION 1. BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BALTIMORE, That the Laws of Baltimore City read as follows:

Baltimore City Revised Code

Article – Health

Title 3. Health Facilities

SUBTITLE 5. LIMITED-SERVICE PREGNANCY CENTERS

§ 3-501. “LIMITED-SERVICE PREGNANCY CENTER” DEFINED.

IN THIS SUBTITLE, “LIMITED-SERVICE PREGNANCY CENTER” MEANS ANY PERSON:

(1) WHOSE PRIMARY PURPOSE IS TO PROVIDE PREGNANCY-RELATED SERVICES; AND

(2) WHO:

(I) FOR A FEE OR AS A FREE SERVICE, PROVIDES INFORMATION ABOUT PREGNANCY-RELATED SERVICES; BUT

*
EXPLANATION: CAPITALS indicate matter added to existing law.
[Brackets] indicate matter deleted from existing law.

Council Bill 09-0406

(II) DOES NOT PROVIDE OR REFER FOR:

(A) ABORTIONS; OR

(B) NONDIRECTIVE AND COMPREHENSIVE BIRTH-CONTROL SERVICES.

§ 3-502. DISCLAIMER REQUIRED.

(A) *IN GENERAL.*

A LIMITED-SERVICE PREGNANCY CENTER MUST PROVIDE ITS CLIENTS AND POTENTIAL CLIENTS WITH A DISCLAIMER SUBSTANTIALLY TO THE EFFECT THAT THE CENTER DOES NOT PROVIDE OR MAKE REFERRAL FOR ABORTION OR BIRTH-CONTROL SERVICES.

(B) *HOW GIVEN.*

THE DISCLAIMER REQUIRED BY THIS SECTION MUST BE GIVEN THROUGH 1 OR MORE SIGNS THAT ARE:

(1) WRITTEN IN ENGLISH AND SPANISH;

(2) EASILY READABLE; AND

(3) CONSPICUOUSLY POSTED IN THE CENTER'S WAITING ROOM OR OTHER AREA WHERE INDIVIDUALS AWAIT SERVICE.

§§ 3-503 TO 3-505. {RESERVED}

§ 3-506. PENALTIES: \$500.

(A) *IN GENERAL.*

ANY PERSON WHO VIOLATES A PROVISION OF THIS SUBTITLE OR OF A RULE OR REGULATION ADOPTED UNDER THIS SUBTITLE IS GUILTY OF A MISDEMEANOR AND, ON CONVICTION, IS SUBJECT TO A FINE OF NOT MORE THAN \$500 FOR EACH OFFENSE.

(B) *EACH DAY A SEPARATE OFFENSE.*

EACH DAY THAT A VIOLATION CONTINUES IS A SEPARATE OFFENSE.

SECTION 2. AND BE IT FURTHER ORDAINED, That the catchlines contained in this Ordinance are not law and may not be considered to have been enacted as a part of this or any prior Ordinance.

SECTION 3. AND BE IT FURTHER ORDAINED, That this Ordinance takes effect on the 30th day after the date it is enacted.